Appoved, SCAO OSM CODE: OAG

## STATE OF MICHIGAN PROBATE COURT COUNTY

## E COURT ORDER REGARDING APPOINTMENT OF COUNTY GUARDIAN OF INCAPACITATED INDIVIDUAL

		NO
LIL	.⊏	NO.

CIRCUIT COU	RT - FAMILY DIVISION					
In the matter of _					, an alleged incap	pacitated individual
Court ORI	Date of birth	Race	Sex	Current address o	f incapacitated individual	
1. Date of hearing	j:	Judge:		1		Bar no.
THE COURT FIN	DS:					bai iio.
□ 3. Upon the pre □ menta □ chron is impaired to the incapacitated in □ 4. Upon the pre continuing call □ 5. The individu □ 6. There is no o	esentation of clear ar al illness nic intoxication ne extent of lacking solution al is esentation of clear ar are and supervision al is partially	totally without the capacity person willing to act as guard	above ty pacity ointme	chronic use other: to make or come ent of a guardian	of drugs municate informed d is necessary as a n rself.	neans of providing
T IS ORDERED:  7. The petition  8.  Name (type or		uardian is dismissed.		, who	se address and telep	bhone number are:
Address		City	,		State Zip	Telephone no.
10. If a guardian individual's i	guardian shall have consistent of the much shall have consistent of the microscopic of th		Police	shall immediate	ely enter the legally in	
Date			dge			
Attorney name (type o	r print)	Bar no.				
Address		City		State	Zip	Telephone no.

Do not write below this line - For court use only